

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17869**

FILED JUN 8 1944

Registration District No. **73**Primary Registration District No. **4154**Registrar's No. **33**

1. PLACE OF DEATH:

(a) County **DADE**
(b) City or town **GREENFIELD**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **NURSING HOME #**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 1/2 YEARS**
(Specify whether
In this community **15 YEARS**
years, months or days)

3. (a) PRINT
FULL NAME

NANCY ANN TAYLOR
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married. **2 divorced WIDOWED**
6. (b) Name of husband or wife **No** 6. (c) Age of husband or wife if alive **No** years
7. Birth date of deceased **JULY 18 1855**
(Month) (Day) (Year)

8. AGE: Years **88** Months **9** Days **12** If less than one day
hr. min.

9. Birthplace **Mourne Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **HOME**

12. Name **NO RECORD**

13. Birthplace **NO RECORD** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **NO RECORD**

15. Birthplace **NO RECORD** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Martha Meligan**

(b) Address **Greenfield Mo**

17. (a) **BURIAL** (b) Date thereof **5-3-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenfield Cemetery**

18. (a) Signature of funeral director **W. L. Funeral Home**

(b) Address **Greenfield Mo.**

19. (a) **May 4 - 1944** (b) **Phyllis Lash**
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **DADE** **29**
(c) City or town **GREENFIELD** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **50 BROADWAY**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **No** **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **30**
year **1944** hour **9:** minute **45** A. M.

21. I hereby certify that I attended the deceased from **April 28 - 1944** to **April 30 1944**
that I last saw her alive on **April 28 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death.

Carcinoma of
Due to **liver**

Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **T. J. Driscoll M.D.** (b) or other

Address **Greenfield Mo.** Date signed **5/2/44**

RECEIVED

District Health Officer No. 6,

District File Number 644-682

Date Filed JUN 6 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Sam E. Senseney Jr.

Licensed Embalmer No. 4099

P. O. Address

Granfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.